

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 22 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

Dr. Phelps

38401

1. PLACE OF DEATH

County *Summit*

Registration District No. *607*

Township

Primary Registration District No. *4088*

City

Countryside

File No.

Registered No. *115*

St.

Ward

2. FULL NAME

(a) Residence, No. *E. 18th*
(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

2-31-1871

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Home

10. Date deceased last worked at this occupation (month and year)

8-17-1937

11. Total time (years) spent in this occupation

Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ky.

13. NAME

Mrs. Sakers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ky.

15. MAIDEN NAME

D.K.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Sh.

17. INFORMANT (ADDRESS)

Truman B. Sayers

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Maple Cemetery

DATE

10-31

1937

19. UNDERTAKER (ADDRESS)

Countryside, Mo.

20. FILED

Nov. 21, 1937

Ada Martin

Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

10/30

1937

22. I HEREBY CERTIFY, That I attended deceased from *Oct. 5, 1937*, to *Oct. 30, 1937*

I last saw him alive on *Oct. 24, 1937*. Death is said

to have occurred on the date stated above, at *4:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Tuberculosis, pulmonary

Date of onset

Other contributory causes of importance:

none

Name of operation

none

Date of

What test confirmed diagnosis? *clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify

(Signed)

W. O. Hips

M. D.

(Address) *Countryside, Mo.*

